## Return completed and signed form to:

## **Gardner Parks and Recreation** 120 E. Main Street Gardner, KS 66030

Or by faxing it to (913) 856-0970, attention Erin Groh

## Gardner Parks and Recreation Registration Form

Parent's Name:	P	none:	Work:		
Participant's:	D	OB:	Male	Female	(circle one)
*Participant's Grade *When applicable.	:	*Participant's T-Sh	irt Size:		
Address:		City:	State:_	Zip:	
Program Title:	D	ay/Time:		Fee:	
Credit Card Type: Visa Mastercard (circle one) Name as it appears on Credit Card:					
Credit Card Numbe	r:	Exp. Date:	CVN:		
Email:		□Yes, please keep me informed via email regard ing upcoming programs and special events. For information regarding our privacy policy in terms of use visit www.gardnerkansas.gov.			
Return completed with check or money order, payable to: Gardner Parks and Recreation					
LIABILITY RELEASE:I, as a participant or legal guardian representing a minor participant agree to release the City of Gardner, its officers, employees and volunteers, from an and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our participation in/and our presence at the above activity(s). I/we understand the risks and possible dangers of participating in these activity(s). Also, I/we authorize the Gardner Parks and Recreation Department to use at its discretion any photograph(s) (black/white or color) taken of the participant while participating in the program and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof. I have entered into this agreement of my own free will.					
SARDNER KANSAS	120 E. Main St. Gardner, KS 66030 (913) 856-0936 www.gardnerkansas.gov (913) 856-0936	I have read and und fund policy; Registr	ration invali	id without s	ignature.

Signature:\_\_\_\_

\_Date:\_\_